

**Secretariat**

8 December 1999

Information circular*

To: Members of the staff

From: The Under-Secretary-General for Management

Subject: **Special arrangements at Headquarters in view of potential year 2000 (Y2K)-induced computer date conversion failures during the century roll-over period**

1. Further to previous information circulars¹ on potential problems associated with the year 2000 (Y2K) date conversion problem of computers, the so-called "millennium bug", the present circular is to inform staff that special contingency arrangements are being put in place at Headquarters during the century roll-over period. A Y2K management structure has been established to monitor developments, determine whether the failure of critical indicators and measurements require immediate/rapid action and/or measures to restore the Organization's overall status and ensure the safety of its staff. Starting on Friday, 31 December 1999, after 1 p.m., the only activities scheduled to occur at Headquarters will relate to the century roll-over. Therefore, in order to ensure that this work proceeds smoothly, it will be necessary to restrict access to the Headquarters premises. The last guided tour on 31 December 1999 will take place at 12 noon. Guided tours will resume when the building opens to the public on 4 January 2000. Representatives of non-governmental organizations, retirees, guests, visitors and the general public will not be permitted access during the closure of Headquarters.

Restrictions on access and limited operations at Headquarters

2. All staff members should confirm their work status with their supervisors. Unless otherwise directed, they will be released from official duty not later than 1 p.m. on Friday, 31 December 1999, until the resumption of the regular work schedule on Tuesday, 4 January 2000. Except as indicated in paragraph 3 below, during the closure of the building, staff members will not be granted access to or be allowed to remain on the premises of the Secretariat building. The DC-1, DC-2, FF and 345 Park Avenue South buildings will provide access to United Nations staff on 31 December until closing and will have staff to maintain essential buildings operations thereafter; any critical United Nations equipment and services

* Expiration date of the present information circular: 4 January 2000.

¹ ST/IC/1999/34 and ST/IC/1999/80.



will need to be monitored by the United Nations. The duration of the Y2K transition will be reviewed by the Y2K management team, which will determine whether it will be necessary to shorten or extend the closure.

3. The Headquarters premises will remain open to United Nations staff and other authorized individuals required for essential maintenance or security functions as well as those carrying out critical functions in support of contingency plans. Those staff members and authorized individuals have been advised by their supervisors. The names of those staff and other individuals authorized to access the premises will be included in a special register used by security officers to allow entry. Such individuals will be required to present their grounds passes as usual. *All other United Nations staff members will not be permitted access or allowed to remain on the premises during the closure of Headquarters.*

4. Departments are urged to restrict to the absolute minimum requests for access for their staff needed to support critical functions. Such requests should be consistent with the estimated minimum number of staff required to support contingency plans submitted earlier to the Y2K team. The executive offices of each department requiring access for their authorized staff should address individual written requests to the Pass and Identification Unit, Security and Safety Service, fax number 3-9541, by 17 December 1999.

Restricted garage access during the period 31 December 1999 through 3 January 2000

5. The established practice of allowing staff members to park in the United Nations garage after 6 p.m. on weekdays and throughout the day on weekends and holidays, upon presentation of their grounds pass, will be suspended at 8 p.m. on Friday, 31 December 1999, until 8 p.m. on Monday, 3 January 2000. Entry to the garage during that period will be limited to authorized delegation vehicles and to staff who are identified on the special security register mentioned in paragraph 3 above. Other staff members normally authorized to use the garage on a daily basis must either remove their vehicles by 8 p.m. on Friday 31 December 1999 or leave their cars parked until 4 January 2000 as they will not be allowed access to the building during the closure.

Computers and networks

6. In order to prepare for the century roll-over, the Information Technology Services Division will be performing full backups of all LAN servers on Thursday, 30 December, beginning at 6 p.m. Although users will be able to work after 6 p.m. on that evening, access to the LAN will be extremely slow owing to the backup operations. Most backups will finish before 8 a.m. on 31 December 1999. However, a few server backups may continue to run until 11 a.m. Should a server backup fail, the Information Technology Services Division will need to take the server off the LAN and perform a manual backup on the morning of 31 December 1999. In the event of this happening, the affected users will be notified accordingly.

7. During the roll-over period, and in particular during the night of 31 December 1999, the Information Technology Services Division will provide special LAN, e-mail, messaging and telephone support with on-site and on-call staff. On-site tests of the entire LAN and communications infrastructure will be performed throughout the weekend to ensure proper functioning prior to the start of the business day on Tuesday, 4 January 2000.

8. Although the Integrated Management Information System (IMIS) has been extensively tested to ensure its Y2K compliance, it will be unavailable as of 2 p.m. on 31 December 1999 until 8 a.m. on 4 January 2000, or earlier, subject to satisfactory completion of the

infrastructure and application tests that will be undertaken starting on the morning of 1 January 2000. As part of the contingency plans, it is recommended that all executive and administrative officers run, between 29 and 31 December 1999, the main IMIS reports summarizing their personnel and financial data and download and save the data locally on their c: drives. Contingency plans will be communicated to the executive and administrative offices in due time to ensure that, should IMIS not be available on 4 January 2000, for any reason, continuity of operations can be maintained.

9. *All users are requested to turn off their personal computers, printers and other electronic devices before they leave the building on 31 December 1999.* For additional protection, they may also wish to unplug them.

Obtaining further information

10. Upon completion of the verification of the functioning of all building equipment and information technology infrastructure, equipment and critical applications, the Y2K crisis management team may decide to reopen the building before 8 a.m. on 4 January 2000. Interested staff members and staff of permanent missions and affiliates may, as at 2 January 2000, call the following number, where a recorded message will provide updated information: (212) 963-9800.



Secretariat

13 December 1999

Information circular*

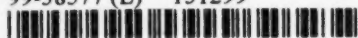
To: Members of the staff

From: The Assistant Secretary-General for Central Support Services

Subject: **Temporary closures due to construction**

1. The present circular is to advise staff that scheduled repairs will affect the usage of the Delegates Dining Room and the Staff Café during the period from 24 December 1999 through 14 January 2000.
2. It has been determined that the major components of the fan systems serving the Delegates Dining Room are in need of urgent replacement. In view of the lighter activity in the Delegates Dining Room towards the end of the year, it has been decided that having the work done during that period would result in the least disruption in service. Accordingly, the Delegates Dining Room will be closed for business from 24 December 1999 through 14 January 2000.
3. While this work is being performed, the Delegates Dining Room kitchen will also be closed. Since that kitchen is used for preparing the food served in the Staff Café, the Staff Café will also be closed during the same period.
4. Your cooperation during this urgently needed repair work is much appreciated.

* Expiration date of the present information circular: 15 January 2000.



**Secretariat**

14 December 1999

Information circular*

To: Members of the staff at Headquarters

From: The Assistant Secretary-General for Human Resources Management

Subject: **After-school recreation and study programme for United Nations children**

1. The after-school recreation and study programme is open to 5- to 11-year-old children whose parents work at the United Nations. Conducted under the auspices of an independent Board of Trustees, the programme offers arts and crafts, athletic activities, dance and creative movement, games and homework under the supervision of qualified staff.
2. Begun over 29 years ago to assist working parents who were not in a position to provide after-school care for their young children, the programme enjoys limited subsidies which make it possible to open it up to parents at the cost of \$500 per child per semester. This fee represents only a part of the actual cost per child incurred by the programme. Special family circumstances will be taken into consideration for those families with a net joint income below \$30,000. Depending upon the demand, further criteria may be established by the Board of Trustees.
3. The spring 2000 semester will run from Monday to Friday, beginning Tuesday, 1 February 2000, from 3.15 p.m. to 5.45 p.m. Transportation will be provided from the United Nations International School building at 25th Street to the Secretariat building, 42nd Street and First Avenue entrance. Other arrangements will have to be made on an individual basis for children coming from other schools.
4. Interested parents are invited to complete the attached application form and return it no later than 28 January 2000 to room DC2-839.
5. Staff members are encouraged to enrol their children between the ages of 5 and 11 years in the programme, in accordance with information circular ST/IC/86/21 of 2 April 1986. It is assumed that parents who do not choose to enrol their children are making other arrangements. If staff members require that their children meet them and remain for any

* Expiration date of the present information circular: 30 June 2000.



length of time within any of the Secretariat buildings, the Administration suggests that parents ensure that their children respect the working areas of other staff and maintain the proper decorum.

6. For further information, please call extension 3.8730.
7. *Note new premises:* Dag Hammarskjöld Library, lower level, room SA-B-52.

Application for the after-school recreation and study programme for United Nations children

Spring semester 2000

Renewal

New application

Instructions: Please answer all questions. Write NONE when applicable. Incomplete applications will not be accepted.

Child's name _____

Birth date _____ Sex _____ Grade _____

School currently attending _____ Location _____

Previously enrolled in After-School Recreation and Study Programme? Yes/No

Name of parent or guardian _____ Room _____ Ext. _____

Home address _____ Tel. _____

Grade and step _____ Education grant: Yes/No Nationality _____

Name of spouse _____

Does your spouse work in the United Nations or a specialized agency? Yes/No

If yes, please give grade and step _____ Education grant: Yes/No

Room _____ Ext. _____

If not, please give spouse's (a) Occupation _____

(b) Employer _____ Address _____ Tel. _____

Information on other dependent children:

	Child's name	Sex	Birth date	School	Location of school
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

While the programme, to the extent of its capability, is open to all United Nations parents, it is a subsidized programme established essentially for those working parents who are not in a position to provide after-school care for their young children. Therefore, all parents are expected to pay \$500 for each child per semester, which represents only part of the actual cost per child incurred by the programme. Special family circumstances will, however, be taken into consideration for those families with a net joint income below \$30,000.

How many persons does your family salary provide for? _____

Is your net family income* above \$30,000? Yes/No

You may be asked to provide supporting information at a later date.

Certification

I certify that the above information is correct and complete to the best of my knowledge and belief.

Date _____ Signature _____

Payment made to ASRSP is attached. This fee is non-refundable unless the programme is discontinued. **There will be a late fee of \$50.**

The hours are from 3.15 p.m. to 5.45 p.m. Any early arrival must be supervised by the accompanying adult until 3.15 p.m. The programme cannot assume responsibility for any child brought to its premises prior to the scheduled opening time. Children must be picked up at the latest by 5.45 p.m. Children will be asked to leave the programme if parents fail to pick them up on time on two occasions. In such an event, there will be no refund of the fee.

* Net income is defined as salaries, post adjustment, as well as education grant, dependency, housing and any other allowances minus United Nations staff assessment and United Nations pension contribution.

**Secretariat**

14 December 1999

Information circular*

To: Members of the staff

From: The Assistant Secretary-General for Human Resources Management

Subject: **Competitive examination for promotion to the Professional category of staff members from other categories****

1. In accordance with section 8 of administrative instruction ST/AI/1998/8 of 13 August 1998, and after consultations with the Staff Committee, the Secretary-General has appointed the following staff members to serve on the Central Examination Board for the competitive examination for promotion to the Professional category of staff members from other categories:

Chairperson:

Ms. Gail Bindley-Taylor Sainte***

Members:

Mr. Fred Babi****

Ms. Robin Ludwig

Mr. Chandra Patel

Ms. Carol Unterleitner****

2. Mr. Michel Pelsise will serve as ex officio member of the Board. Ms. Jun Hee Lee will serve as Secretary of the Board.

* Expiration date of the present information circular: 31 December 2000.

** *Personnel Manual* index No. 4362.

*** Nominated after consultation with the staff.

**** Nominated by the staff.





Secretariat

15 December 1999

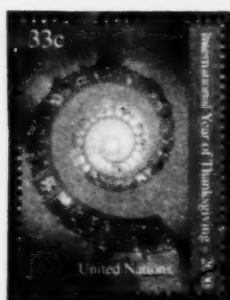
Information circular*

To: Members of delegations and staff

From: The Assistant Secretary-General for Central Support Services

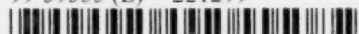
Subject: **First day of issue: "International Year of Thanksgiving – 2000" stamps****Commemorative stamps**

1. The coming of a new millennium is reflected in themes chosen for special observance by the General Assembly, and some of these themes will be the basis of the United Nations stamp issues in the year 2000. As recommended by the Economic and Social Council, the General Assembly, by resolution 52/16 of 20 November 1997, proclaimed 2000 the International Year of Thanksgiving.
2. On 1 January 2000, the United Nations Postal Administration (UNPA) will issue a set of three commemorative stamps on this theme. The stamps were designed by Rorie Katz (United States of America).



(United States equivalents — F.S. 0,90 = 57 cents and S 7/Euro 0,51 = 51 cents — subject to exchange rate fluctuation.)

* Expiration date of the present information circular: 15 January 2000.



3. The stamps, which are printed in offset lithography and a relatively new printing process termed thermography, are in denominations of 33 cents, F.S. 0,90, and S 7/Euro 0,51, and will be issued in sheets of 20 stamps.

The design

4. The stamps depict the "spiral of life" Glory Window located within the Court of All Nations created to honour the thanksgivings of the people, in Dallas, Texas. The owner of the window is the Thanks-Giving Foundation and the maker and designer is Gabrielle Loire of Chartres, France.

5. UNPA gratefully acknowledges the generosity of the Thanks-Giving Foundation in giving permission for the reproduction of the Glory Window as a United Nations stamp issue.

6. It may be recalled that it was the Thanks-Giving Foundation that arranged and financed the creation of the mosaic "The Golden Rule" by Norman Rockwell, which was a gift from the United States to the United Nations on the occasion of its fortieth anniversary. "The Golden Rule" was reproduced on the 50-cent definitive stamp issued on 11 September 1991.

General information

7. Since 1 January is a Saturday, United Nations Headquarters will be closed. However, the New York first-day hand-cancellation will be available on a hand-back basis for the month of January at the UNPA offices located in the DC2 Building, 6th floor, from 9.30 a.m. to 4.30 p.m.

8. The new stamps will be on sale, along with prepared and cancelled New York, Geneva and Vienna first-day covers on the UNPA official first-day cachet *only*, when the UNPA counter reopens on Tuesday, 4 January.

**Secretariat**

16 December 1999

Information circular***To:** Members of the staff**From:** The Under-Secretary-General for Management**Subject:** **Membership of the panels of counsel****

1. The purpose of the present information circular is to invite current and retired staff members to volunteer to serve on the panels of counsel, which exist at Headquarters, Geneva, Vienna and Addis Ababa.

2. In accordance with administrative instruction ST/AI/351 of 25 May 1988, which set out the policy applicable to the system of counsel, the panels of counsel constitute an essential part of the internal system of administration of justice and their members provide information, advice and, where appropriate, representation to staff members in disciplinary, appeal and other internal recourse procedures within the Secretariat. Members of the panels function independently of both staff representative bodies and the Administration so as to exercise a substantial measure of autonomy and self-regulation.

3. Service as counsel is a generous expression of the ideals that motivate the international civil service and is recognized and supported by the Administration in that spirit. To ensure that the internal justice system continues to function smoothly and effectively, it is essential to maintain an adequate membership of the panels. To that end, I would like to urge staff members, as well as retirees, to volunteer for service on the panels of counsel. There is a need for counsel with administrative and legal experience, irrespective of grade, to volunteer their knowledge and experience to assist colleagues with regard to problems regarding their conditions of service under the Staff Rules, including assistance with correspondence related to such problems. Counsel may be from every part of the Secretariat, the United Nations Development Programme, the United Nations Children's Fund and the Office of the United Nations High Commissioner for Refugees.

4. New members of the Panel of Counsel at Headquarters will be trained through a programme of seminars provided by the Coordinator of the Panel at Headquarters. Counsel elsewhere may access summaries of the seminars on the newly established web site created

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** *Personnel Manual* index No. 11070.

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by the Office of the Coordinator, New York Panel of Counsel. The web site may be found on the United Nations Intranet under "United Nations Departments/Department of Management" (intranet/poc/deptpoc.htm).

5. Staff members at Headquarters interested in membership should contact Catherine Claxton, Coordinator of the Panel of Counsel at Headquarters, room 1B-1A, extensions 3-3954 and 3-3957. Staff members in Geneva should contact Victor Rodriguez, Coordinator, Geneva Panel of Counsel, telephone: (41-22) 917 2256, facsimile number: (41-22) 917 0105. Staff members in Vienna should contact Marta Souza, Coordinator, Vienna Panel of Counsel, room E-910, telephone: (43-1) 26060 5788. Staff members at the Economic Commission for Africa (ECA) should contact Lakew Assefa, Coordinator, ECA Panel of Counsel, room 306, ECA, Addis Ababa, telephone: (25 11) 51 50 85 or (25 11) 51 72 00, extension 33627, facsimile number: (25 11) 51 50 85. Staff members serving at other duty stations should contact the Coordinator of the Panel of Counsel at Headquarters. Retired staff members interested in membership should likewise contact the above-mentioned officials, as appropriate. The new membership of the panels of counsel will be published on the Panel of Counsel web site.

**Secretariat**

16 December 1999

Information circular***To:** Members of the staff at duty stations away from Headquarters**From:** The Controller**Subject:** **Van Breda medical, hospital and dental insurance******I. Renewal provisions for 2000**

1. The purpose of the present information circular is to set out the provisions concerning renewal of the Van Breda medical, hospital and dental insurance plan for staff members at offices away from Headquarters, which will take effect on 1 January 2000.

2. Pending the issuance of an administrative instruction setting out eligibility criteria and enrolment rules and procedures governing United Nations contributory health insurance, the eligibility criteria and enrolment rules pertaining to the Van Breda plan, as set out in information circular ST/IC/1996/78 dated 23 December 1996, will remain in effect. For the convenience of staff members and for ease of reference, these administrative provisions are recapitulated in paragraphs 11-27 of the present circular.

Annual enrolment campaign

3. Staff members are reminded that the annual enrolment campaign will be the only opportunity in 2000 to enrol themselves and eligible family members in the Van Breda plan. The annual enrolment campaign for the Van Breda plan at duty stations around the world is scheduled to be held from 5 to 16 June 2000.

Premium levels and benefits

4. The Van Breda plan is a global scheme covering staff members who reside in all parts of the world, except the United States of America. The annual cost of the plan reflects claims incurred for hospitalization and medical treatment in all parts of the world and reflects widely varying price levels. If levels of plan utilization and the charges levied by hospitals and other medical providers were comparable throughout the world, then loss ratios, that

* Expiration date of the present information circular: 31 December 2000.

** *Personnel Manual* index No. 6191.



is, the ratio of claim reimbursement to premium paid, would be more or less equal among all locations at which there were significant numbers of participants.

5. The financial performance of the plan for the past policy period was favourable, resulting in a modest surplus. As a result, premium rates for 2000 for all locations except Chile will decrease by approximately 7.5 per cent.

6. In information circular ST/IC/1998/87 of 18 December 1998, relating to the renewal of the Van Breda plan for 1999, it was announced that premium rates for subscribers based in Chile would be maintained owing to the continued high loss ratio that had been incurred. However, the substantially higher than average loss ratio for the past policy period warrants an approximately 7.6 per cent increase in the premium levels, effective 1 January 2000.

7. In line with the methodology used in the calculation of staff contributions towards premiums for other United Nations insurance schemes, the premium contributions of participants in the Van Breda scheme are determined as a percentage of their respective medical net salaries by application of the rates set out in paragraph 8 below. The percentage contribution rates have been computed to take into account the requirement for an overall 50:50 cost-sharing relationship between the Organization and participants in the plan. Medical net salary consists of gross salary, less staff assessment, plus language allowance, non-resident's allowance and post adjustment, as applicable. In no case will staff contributions be greater than 85 per cent of the premiums shown below.

8. The schedule of premiums that will become effective on 1 January 2000, as well as the related staff contribution rates, are set out in the table below:

Type of coverage	Monthly premium (United States dollars)			Percentage of medical net salary		
	1998	1999	Effective 1 January 2000	1998	1999	Effective 1 January 2000
A. All duty stations (other than Chile)						
Staff member only	87.00	102.00	94.00	1.30	1.44	1.36
Staff member and one family member	184.00	216.00	200.00	2.03	2.26	2.14
Staff member and two or more eligible family members	303.00	356.00	330.00	3.24	3.60	3.42
B. Chile						
Staff member only	133.00	156.00	168.00	1.97	2.19	2.42
Staff member and one family member	281.00	330.00	355.00	3.21	3.57	3.94
Staff member and two or more eligible family members	463.00	545.00	586.00	5.09	5.66	6.24

9. Two new benefits have been added, commencing 1 January 2000, as follows:

- (a) A mammography screening (examination) comprising the following provisions:
 - (i) Upon recommendation of a physician, a mammogram may be covered at any age for persons having a prior history of breast cancer or whose mother or sister has had a prior history of breast cancer;
 - (ii) A single baseline mammogram will be covered for persons age 35 through 39;

(iii) A mammogram will be covered every two years, or more frequently upon the recommendation of a physician, for persons age 40 through 49, inclusive;

(iv) An annual mammogram will be covered for persons age 50 and older.

Mammography screenings are covered whether carried out in a medical provider's office, hospital outpatient department, hospital ambulatory surgery department, ambulatory surgery facility or another facility licensed to provide mammography screenings. The screening is covered in accordance with the reimbursement provisions and limitations as set out in paragraph 2 of annex I to the present circular.

(b) Urological examinations and Prostate Specific Antigen (PSA) screenings are covered as follows:

(i) In asymptomatic males over age 40, one urological exam and PSA screening is covered every two years. An annual exam and screening is covered after age 75;

(ii) For all other males, including men with a family history of prostate cancer, age 40 and over, one urological exam and PSA screening per year is covered.

Urological examinations and PSA screenings are covered in accordance with the reimbursement provisions and limitations as set out in paragraph 2 of annex I to the present circular.

Hospital room rate maxima

10. The daily room rate maxima for hospital accommodation reimbursable under the plan and introduced on 1 January 1996 will continue, as follows:

(a) *Europe and North America.* The maximum reimbursement per day for hospital accommodation (room and board) in Europe and North America is \$600. Details concerning the application of the \$600 per day limit for hospitalization in the United States are set out in annex II to the present circular. Semi-private room accommodation is the normal standard in Europe and North America. Only under the following conditions, subject to the provision of documentation satisfactory to the insurer, will private-room care be reimbursed in full, up to the \$600 daily limit:

(i) When the nature and gravity of the illness requires private-room care and the need for such care is substantiated by the attending physician;

(ii) When the patient is admitted on an emergency basis to a hospital that has semi-private accommodation but none is available at the time;

(iii) When the patient is admitted to a hospital that does not have any semi-private accommodation, that is, it has no standard of accommodation other than private rooms and general wards;

(b) *Israel.* The daily room rate cap applicable in Israel is \$700. This reimbursement ceiling conforms to the nationally uniform semi-private hospital accommodation rate in that country;

(c) *Rest of the world.* A \$330 per day reimbursement ceiling is applicable to all locations other than Europe, North America and Israel.

II. Eligibility criteria and enrolment rules

Eligibility for enrolment in the Van Breda plan

11. Except for staff members whose duty station is New York, Geneva or Vienna and locally recruited staff members at duty stations where the medical insurance plan is established, all staff members holding appointments of three months or longer under the 100 series of the Staff Rules or one month or longer under the 200 series of the Staff Rules may enrol themselves and eligible family members in the Van Breda plan. Staff members holding appointments of limited duration under the 300 series of the Staff Rules, except those who receive a fixed monthly cash amount towards the cost of health insurance, are also eligible to enrol in the Van Breda plan in line with the relevant provisions of administrative instruction ST/AI/395, dated 2 June 1994.

12. Staff members are ineligible for coverage under the Van Breda plan if they reside in the United States or if their covered dependants reside in the United States. In addition, the coverage of staff members under the Van Breda plan while on assignment from Headquarters with field offices or missions will be terminated upon the staff member's return to Headquarters. In such cases, if the staff member had been enrolled in a Headquarters plan prior to assignment on mission, insurance coverage will revert to the insurance plan to which the staff member subscribed prior to the mission assignment, at least until the next annual enrolment campaign. Staff members who, prior to assignment on mission, were not enrolled in any Headquarters insurance plan but who were covered under the Van Breda plan while on mission assignment must enrol in a Headquarters plan within 31 days of return to duty from mission assignment in order to ensure continuity of health insurance coverage. Coverage in a Headquarters health insurance plan following return from mission assignment will become effective from the first day of the month after return to duty at Headquarters.

13. Enrolment in the Van Breda plan at the time of initial appointment must be accomplished within 31 days of the date of entry on duty. For enrolment purposes, applicants will be required to present proof of eligibility from their respective personnel or administrative officers attesting to their current contractual status. The enrolment of eligible family members requires the provision of evidence of the status of such family members. In most instances, the necessary proof of eligibility will be contained in the personnel action form.

Eligible family members for insurance purposes

14. "Eligible family members" refers to a spouse and one or more eligible children. A spouse is always eligible. A child is eligible to be covered under this scheme until the end of the calendar year in which he or she attains the age of 25, provided that he or she is not married and not in full-time employment; disabled children may be eligible for continued coverage after age 25. Complete information regarding these provisions can be found in information circular ST/IC/86/72, entitled "Age limitation on the participation of dependent children in United Nations health insurance schemes".

Enrolment at times other than upon entry on duty

15. Staff members appointed under the 100 series of the Staff Rules who have not enrolled themselves and eligible family members within 31 days of the date of their entry on duty have an opportunity one time each year to do so. The annual enrolment period generally is set for the first week of June, the specific dates being announced each year sufficiently

in advance of the occasion. The effective date of insurance coverage which is applied for during the annual enrolment week is the first day of the following month.

16. Staff members appointed under the 200 series of the Staff Rules (project personnel) are, under staff rule 206.4 (a), required to participate in a medical insurance scheme provided by the United Nations unless exemption from such participation is expressly stated in the letter of appointment. Staff rule 206.4 (b) provides that such personnel, if appointed for a period of one month or more and participating in a medical insurance scheme provided by the United Nations, may enrol their spouses and dependent children in the scheme. Project personnel who have not enrolled their spouses and eligible dependent children in the Van Breda plan at the time of initial appointment have an annual opportunity to do so. In the case of project personnel, the annual enrolment opportunity occurs on the anniversary of their entry on duty, and insurance coverage for added dependants will be effective as of that date.

17. Eligible staff members holding appointments of limited duration under the 300 series of the Staff Rules who have not enrolled themselves in the Van Breda plan at the time of initial appointment because they maintain their own coverage have an annual opportunity to do so. The annual enrolment opportunity occurs on the anniversary of their entry on duty.

18. At times other than the annual enrolment periods referred to in paragraphs 15-17 above, staff members (100 and 200 series) and their eligible family members may be enrolled in the Van Breda plan *only* if at least one of the following events occurs and application for enrolment is made within 31 days thereafter:

- (a) Upon transfer from one duty station to another;
- (b) Upon return from special leave without pay (see para. 22 below);
- (c) Upon assignment to a mission under certain conditions (see para. 23 below);
- (d) Upon marriage, birth or legal adoption of child for coverage of the related family member.

19. Staff members who can demonstrate that they were on mission or annual or sick leave during the annual enrolment opportunity period may enrol within 31 days of their return to their duty station.

20. Applications between enrolment opportunity periods based on circumstances other than those listed in paragraph 18 above or not received within 31 days of the event giving rise to eligibility will not be receivable. In this regard, it should be noted that termination of health insurance coverage under a scheme not offered by the United Nations or another organization within the common system will in no case give rise to any right on the part of a staff member or family member to immediate enrolment in a United Nations plan. If such termination occurs between annual enrolment opportunity periods, the staff member must wait until the next annual enrolment opportunity to enrol in a United Nations plan. Staff members who for any reason may be uncertain about the continuity of their outside coverage are urged to consider enrolling in the United Nations scheme during the established annual enrolment period.

Staff transferred to another duty station

21. Staff members who transfer to another duty station but who did not have medical insurance prior to the transfer may enrol themselves and eligible family members in the United Nations health insurance plan upon transfer. The enrolment application must be submitted within 31 days of the date of transfer, and the effective date of coverage will be the transfer date at the new duty station. This provision applies also in the case of transfer

to Headquarters, in which case the new enrolment will be in one of the health insurance plans offered at Headquarters. Staff members are reminded that if they transfer from one duty station to another and in the process are transferred from one payroll system to another, they should, upon arrival at the new duty station, ensure that their insurance coverage is recorded in the new payroll system so that the deduction of monthly premium contributions may be continued without a break.

Staff on special leave without pay

22. Staff members who are granted special leave without pay are reminded that they may retain health insurance coverage during such periods or may elect to discontinue such coverage for the period of the special leave:

(a) *Insurance coverage maintained during special leave without pay.* If the staff member decides to retain coverage during the period of special leave without pay, the Insurance Claims and Compensation Section (if payrolled at Headquarters) or the relevant administrative office (if payrolled elsewhere) *must* be informed directly in writing by the staff member of his or her intention at least one month in advance of the commencement of the special leave. At that time, the administrative office concerned will require evidence of the approval of the special leave, together with payment covering the full amount of the cost of the coverage retained (both the staff member's contribution and the Organization's share, since no subsidy is payable during such leave);

(b) *Insurance dropped while on special leave without pay.* Should a staff member decide not to retain insurance coverage while on special leave without pay, no action is required upon commencement of the special leave;

(c) *Re-enrolment upon return to duty following special leave without pay.* Regardless of whether a staff member has decided to retain or drop insurance coverage during a period of special leave without pay, it is essential that he or she re-enrol in the plan within 31 days of return to duty. Failure to do so will mean that the staff member will be unable to resume participation in the insurance plan until the following annual enrolment opportunity period.

Staff members assigned on mission

23. With regard to staff members going on mission assignment, it has been decided to continue to extend a special health insurance enrolment opportunity to such staff members. The provisions in this respect, which will apply to all staff members going on mission for six months or more, are as follows:

(a) Staff members who at present are *not* enrolled in the Van Breda plan will be allowed to enrol themselves and eligible family members. The insurance will become effective on the first day of the month in which the mission assignment commences. Enrolment in the plan in these circumstances must be completed *prior* to the departure of the staff member on mission assignment;

(b) Staff members who elect to enrol in the Van Breda plan in the circumstances set out in subparagraph (a) above forgo the right to make any further change during the annual enrolment period taking place in the same calendar year as the commencement of the mission assignment. The next opportunity for these staff members to make any change in their insurance coverage will be at the time of the annual enrolment period of the following year;

(c) Staff members going on mission assignment who wish to enrol in the Van Breda plan or change their present coverage, as provided above, must present evidence to the

Insurance Claims and Compensation Section or to their administrative office, as the case may be, of the mission assignment and its duration.

Staff member married to another staff member

24. Staff members are reminded that in the case of a staff member married to another staff member, the insurance coverage, whether at the two-person or family level, must be carried by the higher-salaried staff member. It should also be noted that if one spouse retires from service with the Organization before the other spouse, the spouse who remains in active service must become the subscriber even if the retired spouse had been the subscriber up to the date of retirement and is eligible for after-service health insurance benefits following separation from service.

Staff members with dependants residing in the United States

25. Staff members are reminded that the Van Breda plan is designed to provide medical, hospital and dental coverage for participants stationed outside the United States. Therefore, staff members stationed outside the United States but with covered eligible dependants residing in the United States should enrol instead in a Headquarters health insurance plan. It should be noted that at Headquarters, dental coverage is a separate plan component for which specific application must be made.

Cessation of coverage of family members

26. The Insurance Claims and Compensation Section at Headquarters or the relevant administrative office should be notified immediately in writing of changes in the staff member's family that result in a family member's ceasing to be eligible, e.g., a spouse upon divorce or a child reaching the age of 25 years, marrying or taking up full-time employment. Staff members who wish to discontinue coverage of a family member under a United Nations plan for any other reason may do so at any time, although this is strongly discouraged. The responsibility for initiating the resulting change in coverage (e.g. from "staff member and spouse" to "staff member only" or from "family" to "staff member and spouse") rests with the staff member. It is in the interest of staff members to provide this notification promptly whenever changes in coverage occur in order to benefit from any reduction in premium contribution that may result. Any such change will be implemented on the first of the month following receipt of notification. No retroactive adjustments can be made as a result of failure to provide timely notification of any change to the Insurance Claims and Compensation Section or administrative office.

After-service health insurance

27. Established policy in regard to eligibility to participate in the United Nations after-service health insurance programme, as well as the related administrative procedures, is set out in administrative instruction ST/AI/394, dated 19 May 1994. Staff members are reminded that, among the eligibility requirements for after-service health insurance coverage, they must be enrolled in a United Nations scheme at the time of separation from service. A minimum of 5 years of prior coverage in a United Nations or specialized agency health insurance scheme is necessary to qualify for unsubsidized after-service health insurance participation and 10 years of prior coverage for subsidized participation. In both cases, the staff member must be 55 years of age or over as of the date of separation. It should also be noted that only family members enrolled with the staff member at the time of separation are eligible for continued coverage under the after-service health insurance programme. Former staff members who reside in the United States are reminded that they

are ineligible for participation in the Van Breda plan and that they must switch to a Headquarters plan within 31 days of taking up residence in the United States.

III. Conversion privileges

28. Participants who cease employment with the United Nations and who do not qualify for after-service health insurance benefits may arrange for medical coverage with Van Breda under an *individual contract*, provided that application is made within 31 days of termination of coverage under the United Nations group policy. The conversion privilege, which is part of the United Nations group contract with Van Breda, means that the insurer cannot refuse to insure an applicant and that no certification of medical eligibility is required. The conversion privilege, however, does not mean that the same insurance premium rates or schedule of benefits in effect for the United Nations group policy will be offered in respect of individual insurance contracts. Participants should bear in mind, however, that under the conversion privilege, dependants may only apply for individual coverage at the same time as the staff member, upon cessation of employment with the United Nations. The spouse of a staff member whose eligibility for coverage under the United Nations group plan ceases as a result of divorce is eligible to apply for medical coverage with Van Breda under the above arrangements, so long as application is made within 31 days of termination of coverage under the United Nations group policy. Details concerning conversion to an individual insurance policy may be obtained by communicating directly with Van Breda at the following address:

J. Van Breda and Co. International
Plantin en Moretuslei 295
B-2140 Borgerhout
Antwerp, Belgium
Fax No.: 00 323 272 39 69
Telephone No.: 00 323 217 5743

IV. Claims and enquiries

Basis for claim reimbursement in United States dollars

29. Claim reimbursement is made in United States dollars, converted from the currency in which the hospital, medical or dental expenses have been incurred. Reimbursement in United States dollars is based on the United Nations operational rate of exchange in effect on the date the medical and dental expenses are incurred and, in the case of hospital expenses, on the date the hospital bill is rendered.

Where to address claims and benefit enquiries

30. Although the staff of the Insurance Claims and Compensation Section is available to assist staff members in administrative matters concerning participation in the Van Breda plan, claims questions should always be taken up on the first instance directly with the insurance company concerned. The address and telephone and fax numbers of Van Breda are provided in paragraph 28 above.

31. Annex I to the present circular contains a summary of the benefits payable under the Van Breda plan.

32. Annex II contains a recapitulation of the provisions pertaining to hospitalization in the United States.
33. Annex III sets out relevant details concerning 16 surgical procedures for which a second opinion will be reimbursed in full.

Annex I

Van Breda insurance scheme

1. The Van Breda insurance scheme provides for reimbursement of medical, hospital and dental treatment costs up to a maximum of \$250,000 per insured participant per calendar year. In addition to the maximum reimbursement per calendar year, certain maxima per treatment, procedure or service may also be applied on the basis of a determination of "reasonable and customary" charges for the benefit at the place of treatment. Fees for treatments, procedures or services which may be considered by Van Breda to be excessive compared with prevailing fee levels will be reimbursed up to the reasonable and customary level for the geographical area in which such medical services are received.

2. The scheme is subject to the following reimbursement provisions and limitations:

(a) Under the basic coverage component, reimbursement in respect of medical treatment prescribed by qualified doctors is limited to 80 per cent of the costs incurred, including doctors' fees;

(b) Under the major medical coverage component, 80 per cent of the remaining unpaid costs is paid, subject to an annual deductible (co-payment) of \$200 per participant and \$600 per family;

(c) The following example illustrates how reimbursement in respect of basic coverage and major medical coverage operates:

	<i>United States dollars</i>
(i) Basic coverage	
Cost of medical treatment (if reasonable and customary)	3 200
Reimbursement under basic coverage (80 per cent)	<u>- 2 560</u>
Residual (20 per cent)	640
(ii) Major medical coverage	
Basis for major medical coverage (20 per cent residual remaining under basic coverage)	640
Annual (calendar year) deductible	<u>- 200</u>
Basis for major medical coverage after application of deductible	440
Reimbursement under major medical coverage: 80 per cent of expenses in excess of deductible (\$440 x 80 per cent)	352
(iii) Total reimbursement (recapitulation of (i) and (ii))	
Basic coverage	2 560
Major medical coverage	<u>+ 352</u>
Total reimbursement	2 912
Participant's total out-of-pocket expense	288

(d) The cost of hospital services (excluding doctors' fees) is reimbursed at the rate of 100 per cent of the costs involved, including such items as bed and board, general nursing service, use of the operating room and equipment, use of the recovery room and equipment, laboratory examinations, X-ray examinations and drugs and medicines for use in the hospital. For hospitalization in Europe and in North America, the standard of accommodation is limited to semi-private room care, that is, two or more patients in the same room, except that, under the following circumstances, subject to the provision of documentation satisfactory to the insurer, private-room care will be reimbursed in full up to the daily limit specified in paragraph 2 (e) (i) below:

- (i) When the nature and gravity of the illness requires private-room care and the need for such care is substantiated by the attending physician;
- (ii) When the patient is admitted on an emergency basis to a hospital that has semi-private accommodation but none is available at the time;
- (iii) When the patient is admitted to a hospital that does not have any semi-private accommodation, that is, it has no standard of accommodation other than private rooms and general wards;

Europe and North America are defined for this purpose as Europe, including Malta, Cyprus and Turkey (European portion), and Canada and the United States of America;

(e) With effect from 1 January 1996, reimbursement for hospital accommodation expenses has been subject to daily room rate caps. These caps will be maintained in 1998, as follows:

- (i) *Europe and North America.* The maximum reimbursement per day for hospital accommodation (room and board) in Europe and North America is \$600;
- (ii) *Israel.* The daily room rate cap applicable in Israel is \$700;
- (iii) *Rest of the world.* A \$330 per day reimbursement ceiling is applicable to all locations other than Europe, North America and Israel;

(f) The cost of dental treatment is reimbursable at the rate of 80 per cent up to a maximum sum of \$750 per insured participant per calendar year. The cost of dento-facial orthopaedics is covered only if the treatment is started before the patient has reached his or her fifteenth birthday, and reimbursement is provided only during a treatment period of four years;

(g) The cost of out-patient mental health treatment by a psychiatrist is covered, as well as the services of a licensed psychoanalyst, a licensed psychologist or a licensed psychiatric social worker. The cost in respect of insured participants is reimbursable at the rate of 80 per cent of the reasonable and customary fee level and to a maximum reimbursement of \$1,000 per insured person in any 12-month period;

(h) The cost of treatment for substance (alcohol and/or drug) abuse is covered, under certain conditions. The coverage includes in-patient treatment for detoxification and rehabilitation at a facility certified for such treatment, subject to the prior approval of Van Breda. Such treatment will normally be limited to 30 days in a calendar year. In addition, the plan covers out-patient counselling for the purpose of diagnosis and treatment. The costs of out-patient counselling are reimbursable at the rate of 50 per cent and to a maximum reimbursement of \$1,000 for not more than 50 visits per insured person in any consecutive 12-month period. Of these 50 visits, up to 20 may be allocated to counsel covered family members of the participant undergoing treatment for the substance abuse problem;

(i) The cost of radiological treatment is reimbursable at the rate of 80 per cent of the reasonable and customary fee level under the basic component and a further 80 per cent under the major medical component, provided that the patient has been referred to the specialist by the doctor in attendance;

(j) The cost of hearing aids and optical lenses is covered, with the following limitations:

(i) Hearing aids. Reimbursement at 80 per cent (only basic coverage, no major medical coverage), with a maximum of \$300 per apparatus, including the related examination, and a maximum of one apparatus per ear in any period of three years;

(ii) Optical lenses. Reimbursement at 80 per cent (only basic coverage, no major medical coverage), with a maximum of \$30 per lens and a maximum of two lenses in any period of two years. These maxima will also apply to surgical or laser treatment for the correction of refraction in respect of myopia;

In order to be entitled to these benefits, a staff member or the participating family member will have to have been a participant in the Van Breda scheme for one year or more;

(k) The cost of two blood tests per year for the human immunodeficiency virus.

(l) A mammography screening (examination) comprising the following provisions:

(i) Upon recommendation of a physician, a mammogram may be covered at any age for persons having a prior history of breast cancer or whose mother or sister has had a prior history of breast cancer;

(ii) A single baseline mammogram will be covered for persons age 35 through 39;

(iii) A mammogram will be covered every two years, or more frequently upon the recommendation of a physician, for persons age 40 through 49, inclusive;

(iv) An annual mammogram will be covered for persons age 50 and older;

Mammography screenings are covered whether carried out in a medical provider's office, hospital outpatient department, hospital ambulatory surgery department, or ambulatory surgery facility, or another facility that is licensed to provide mammography screenings. The screening is covered in accordance with the reimbursement provisions and limitations as set out above;

(m) Urological examinations and Prostate Specific Antigen (PSA) screenings are covered as follows:

(i) In asymptomatic males over age 40 one urological exam and PSA screening is covered every two years. An annual exam and screening is covered after age 75;

(ii) For all other males, including men with a family history of prostate cancer, age 40 and over, one urological exam and PSA screening per year is covered;

Urological examinations and PSA screenings are covered in accordance with the reimbursement provisions and limitations as set out above.

3. The insurance scheme does not cover:

(a) Periodic preventive health examinations;

(b) Examination of the eyes for optical lenses (eyeglasses or contact lenses);

(c) Injuries as a consequence of voluntary or intentional action on the part of the insured participant;

(d) Insured participants who are mobilized or who volunteer for military service in time of war;

(e) Injuries resulting from motor-vehicle racing or dangerous competitions in respect of which betting is allowed (normal sports competitions are covered);

(f) The consequences of insurrections or riots if, by taking part, the insured participant has broken the applicable laws; and the consequences of brawls, except in cases of self-defence;

(g) Spa cures, rejuvenation cures or cosmetic treatment (cosmetic surgery is covered where it is necessary as the result of an accident for which coverage is provided);

(h) The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiation produced by the artificial acceleration of nuclear particles;

(i) Expenses for, or in connection with, travel or transportation, whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the insured participant between the place where he or she is injured by an accident or stricken by disease and the first hospital where treatment is given will not be excluded;

(j) In-vitro fertilization.

4. In respect of the 16 surgical procedures listed in annex III to the present circular, the cost of a second opinion will be reimbursed at 100 per cent and, should a participant desire a third opinion, the cost of that opinion will also be reimbursed at the rate of 100 per cent. No penalty will be assessed in cases in which surgery is performed without the benefit of a second opinion.

5. Subscribers should note that claims for reimbursement must be submitted to Van Breda no later than two years from the date on which the medical expenses were incurred. *Claims received by Van Breda later than two years after the date on which the expense was incurred will not be eligible for reimbursement.*

Annex II

Provisions pertaining to hospitalization in the United States

1. While a participant is free to seek admission to a United States hospital without providing any notification to Van Breda, reimbursement for such hospitalization will be subject to a limit of \$600 in respect of the daily semi-private room rate. Thus, if a participant chooses a hospital at which the daily semi-private room rate exceeds \$600, the cost of the daily room rate above \$600 will be borne entirely by the participant. There will be no change in the reimbursement for other services. In this connection, it should be noted that hospital costs vary considerably throughout the United States, and costs may exceed the \$600 reimbursement ceiling, particularly in parts of California, Florida, Massachusetts, New York, Texas and Washington, D.C., where the costs may be much higher in certain hospitals.

2. The \$600 limit will not apply to semi-private hospital accommodation in three specific circumstances:

(a) In connection with medical evacuation to any hospital in the United States authorized by the United Nations Medical Director;

(b) In cases of bona fide medical emergency arising while in the United States;

(c) In situations where the necessary medical treatment can only be provided at a hospital where the daily semi-private room rate exceeds \$600. To avoid the obligation to meet daily room-rate expenses in excess of \$600 in such cases, confirmation must be obtained from Van Breda prior to hospital admission.

Annex III

Second surgical opinion requirement

1. With effect from 1 January 1992, participants were no longer required to obtain a second opinion prior to undergoing surgery. As of that date, no reimbursement penalty has been assessed by Van Breda for failure to provide evidence of a second opinion in connection with any surgery. However, whenever feasible, participants are encouraged to seek a second surgical opinion, particularly for the 16 surgical procedures listed below. For this reason, Van Breda will continue to reimburse at 100 per cent the cost of a second opinion rendered by a qualified physician in connection with these 16 surgical procedures. If the second opinion does not agree with the first, a third opinion may be sought, and will also be fully reimbursed. Please note that the second opinion must be provided by a physician not associated or in practice with the physician who originally recommended or proposed to perform the surgery.

2. The 16 surgical procedures for which second opinions will be reimbursed at the rate of 100 per cent are:

<i>Procedure</i>	<i>Explanation</i>
1 Bunionectomy	Removal of bunions
2 Cholecystectomy	Removal of gall bladder
3 Dilation and curettage	Dilation of cervix and scraping of uterus
4 Excision of cataracts	Removal of cataracts
5 Haemorrhoidectomy	Removal of haemorrhoids
6 Hernia (inguinal) repair	Repair of hernia in the groin
7 Hysterectomy	Removal of uterus
8 Knee surgery	Knee operation
9 Laminectomy	Removal of part of spine
10 Mastectomy partial or complete	Partial or complete removal of breast tissue
11 Prostatectomy	Removal of prostate
12 Septo-rhinoplasty	Nose surgery for functional improvement
13 Spinal fusion	Surgical welding of spine segments
14 Tonsillectomy and/or adenoidectomy	Removal of tonsils and/or adenoids
15 Varicose veins	Removal and tying of varicose veins
16 Coronary artery bypass	Heart surgery to bypass one or more blocked arteries feeding the heart



Secretariat

29 December 1999

Information circular*

To: Members of the staff

From: The Assistant Secretary-General for Human Resources Management

Subject: **Mental health — Medical and employee assistance facilities******I. Introduction**

1. Mental health has been defined as not simply the absence of detectable mental disease but a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully and is able to contribute to his or her community.¹ Mental health issues are increasingly recognized throughout the world, including in large organizations that share and reflect the characteristics of society at large. This is also the case for the United Nations where staff, whether at Headquarters or in the field, often serve in duty stations far removed from their countries of origin and familiar cultural or family settings. Adjustment to living in a different host country and working with multiple cultures and languages is not always easy. Some assignments and missions involve extensive travel, and at times presence in crisis situations and danger spots.

2. There are many types of mental health conditions or diseases, which vary greatly from individual to individual in degree of severity and in the manner in which they manifest themselves. When one or more of these conditions occur, health professionals and professionals participating in employee assistance programmes agree on the benefits of early detection, acknowledgment of the situation and action

so that individuals may recover their ability to engage in normal activities as soon as and whenever possible.

3. There are a number of resources available to assist staff members in dealing with these and other related situations. They are described in section III below. Section IV sets out a summary of the rights and entitlements available to staff members whose health is impaired.

II. Purpose of the circular

4. The main purpose of the present circular is to remind staff that the policy of the United Nations is to treat all staff members equally, whatever the reasons that may affect their health, and to engender a more open, supportive and effective approach to mental health. This is even more the case during times of change and the consequential uncertainty that normally follows. Staff members are reminded that, along with their obligations to work to the best of their ability, they have the opportunity and the responsibility to seek assistance when they are unable to work for any health-related reason.

5. In this connection, all staff are encouraged to use to the fullest extent the existing medical and employee assistance services described in section III below. They apply to situations involving mental health issues, as well as any other situation involving health concerns. Supervisors and staff members are reminded that many mental health conditions can be successfully treated by qualified

* The present circular reissues the text of information circular ST/IC/1997/82, which will expire on 31 December 1999. This circular will be in effect until further notice.

** *Personnel Manual* index No. 6035.



professionals by appropriate means, including medications and therapy. It should always be remembered that, if successfully treated, a mental health condition does not constitute lack of fitness to work.

6. Given the nature of mental health conditions, it is not always possible for the individual concerned to recognize his/her need for assistance or treatment. Thus, if a supervisor or colleague, including a staff representative, notices a sudden change in behaviour, attitude or performance, he/she may draw the attention of their human resources officer or the Medical Service or the Staff Counsellor to the situation, as appears appropriate under the circumstances.

III. Medical and employee assistance facilities

Medical facilities

7. The United Nations Medical Director oversees the medical services offered by the Organization at Headquarters and the regional commissions, as well as 50 dispensaries throughout the world. The system offers services to maintain and improve the health of staff, including examinations and referrals to medical professionals trained to diagnose and treat physical and mental illness.

8. The medical records of a staff member are completely confidential. They are kept in the Medical Service, and are not released to the Administration or any other party without the consent of the staff member. In order to help ensure confidentiality, the medical clearances required for initial appointment, change of duty station or detail to mission service do not contain any information that would indicate that a staff member has or previously had a mental health condition or any other medical condition, and are designed only to indicate fitness to work in a certain occupation and/or at a given duty station or mission. However, when a claim is made under Appendix D to the Staff Rules for death, injury or illness incurred in the service of the United Nations, or for a disability benefit under the Regulations and Rules of the United Nations Joint Staff Pension Fund, information of a medical nature, such as diagnosis and degree of seriousness of the condition, will be communicated to the bodies competent to consider the claims.

9. For staff and supervisors wishing to educate themselves on issues of mental health, the Headquarters Medical Service Library has available various reading materials concerning such issues as depression, anxiety and panic disorder.

Staff Counsellor and other employee assistance facilities

10. The Organization provides a Staff Counsellor in New York. The Staff Counsellor's Office, located on the fifth floor of the Secretariat building, is available for individual consultations for support and assistance on many mental health issues. Issues are addressed as quickly as possible and, if required, referrals are made to appropriate sources of assistance, in-house or in the staff member's local community. All dealings with the Staff Counsellor and his staff, including consultations, are strictly confidential. Any action on behalf of a staff member is undertaken only with his or her consent. Consultations yield closed-door advice outside the administrative process. Nothing is communicated by the Counsellor elsewhere in the Organization, unless it is specifically requested by the staff member.

11. Similar functions are carried out at a number of other duty stations by staff members specifically designated for that purpose. Staff members are encouraged to enquire from the local personnel service or section about the existence and location of such facilities at any particular duty station or mission, and to take full advantage of all existing facilities.

IV. Summary of benefits and entitlements available to staff members whose health is impaired

Health insurance

12. Insurance coverage for mental health treatment is governed by specified terms and conditions under each health insurance plan offered to staff members by the United Nations. Details regarding coverage are set out in the related administrative issuances.² Additional information regarding coverage and benefits under the Headquarters health insurance plans may be obtained from the Insurance, Claims and Compensation Section. Enquiries regarding coverage and benefits under the "Geneva" plans should be directed to the Insurance Unit, Financial Resources Management Service, Division of Administration, at the United Nations Office at Geneva and, for staff at the United Nations Office at Vienna, should be directed to the Staff Welfare Office of the United Nations Industrial Development Organization. Coverage and benefits information under the Van Breda and the Medical Insurance Plan schemes should in the first instance be addressed to the Chief of Administration at the local duty station.

Sick leave provisions for physical or mental health conditions available to qualifying staff members

13. Sick leave is determined by the type of appointment that a staff member holds at the time of the leave. The maximum leave permitted for each type of appointment is set out below.

(a) **100 series.** A staff member holding a fixed-term appointment of less than one year under the 100 series of the Staff Rules may be granted sick leave credit at the rate of two working days per month of contractual service. A staff member holding a probationary appointment or a fixed-term appointment of one year or longer but less than three years may be granted sick leave up to 3 months on full salary and 3 months on half salary in any period of 12 consecutive months. A staff member who holds a permanent or indefinite appointment, who holds a fixed-term appointment for three years or who has completed three years of continuous service may be granted sick leave up to nine months on full salary and nine months on half salary in any period of four consecutive years;

(b) **200 series.** Project personnel in short-term status may be granted sick leave on full salary at the rate of two days per month of service. Project personnel in intermediate-term status may be granted sick leave up to 3 months on full salary and up to 3 months on half salary in any period of 12 consecutive months, provided that the amount of sick leave permitted in any four consecutive years shall not exceed 18 months, 9 months on full salary and 9 months on half salary. Project personnel in long-term status may be granted sick leave up to nine months on full salary and nine months on half salary in any period of four consecutive years;

(c) **300 series.** For staff on appointments of limited duration and short-term appointments under the 300 series of the Staff Rules, sick leave may be granted at the rate of two working days for each full month of continuous service.

14. Staff members may be granted sick leave for a period of more than three consecutive working days only upon producing a certificate from a duly qualified medical practitioner.

15. For further information, staff at Headquarters may visit the Medical Service Sick Leave Inquiry Desk on the fifth floor of the Secretariat building, or consult directly with their Executive Office.

Disability benefit under the United Nations Joint Staff Pension Fund

16. A staff member becomes a participant in the United Nations Joint Staff Pension Fund upon commencing an appointment for six months or longer, or upon accepting such an appointment while in employment, or upon completing six months of service without an interruption of more than 30 days. A participant will receive a disability benefit if found to be incapacitated for further service in a position reasonably compatible with his or her abilities, when the disability is a result of injury or illness constituting an impairment to health likely to be permanent or of long duration. In order to award a disability benefit, the United Nations Joint Staff Pension Committee must be satisfied that there is sufficient medical evidence to establish that the illness or injury qualifies the staff member for the benefit. For further information, staff members should consult their human resources officer.

Medical evacuations

17. Subject to the applicable rules and procedures, which require a medical report documenting the need for evacuation, medical evacuation may be arranged for international staff in the field (including those governed by the 200 and 300 series of the Staff Rules), and exceptionally for locally recruited staff.

Notes

¹ Robert Desjarlais, Leon Eisenberg, Byron Good and Arthur Kleinman, *World Mental Health* (New York, Oxford University Press, Inc., 1995), p. 7.

² Information circular ST/IC/1999/41, entitled "Renewal of the Headquarters medical and dental insurance plans effective 1 July 1999, and annual enrolment campaign, 7-11 June 1999"; information circular ST/IC/1999/110, entitled "Van Breda medical, hospital and dental insurance" (for staff at offices away from Headquarters); and administrative instruction ST/AI/343, entitled "Medical insurance plan for locally recruited staff at designated duty stations away from Headquarters".